



Liability Claim Form

City of De Pere

Please fill out the form completely and return to the City Clerk's office
via e-mail to cdanen@deperewi.gov,
or by mail to 335 S. Broadway, De Pere, WI 54115

CLAIMANT INFORMATION

Claimant Name: _____

Address: _____

Phone Number(s): _____

E-mail Address: _____

INCIDENT INFORMATION

Date & Time of Incident: _____

Location of Incident: _____

Total Amount of Claimed Damages: _____ (Attach itemized invoices/estimates)

Please provide a detailed description of the incident in the space below (attach additional sheets if necessary). For personal injury, indicate the nature of the injury, whether or not medical attention was provided and list the name of the physician/hospital. Also identify any witnesses to the incident.

In signing this Liability Claim Form, I acknowledge that the City of De Pere will be submitting my information to its liability insurance carrier for its review and determination of liability and that my claim will be paid only if the insurance company determines the City is legally liable for my damages/injuries.

Claimant Signature
(parent/guardian if claimant is under 18)

Date